

Jarvis Christian University
SUMMER PROGRAMS
June 5-July 28, 2023 | Hawkins, Texas



APPLICATION FOR SUMMER ENRICHMENT PROGRAM AGES 5-14

PLEASE PRINT

CHILD/STUDENT NAME: _____
Last First Middle

PARENT/LEGAL GUARDIAN NAME: _____
Last First Middle

MAILING ADDRESS: _____
Number/Street City/State/Zip

EMERGENCY CONTACT: _-
_____ Name Phone Relationship

TELEPHONE NUMBER: (____) _____ - _____ ALTERNATE NUMBER: (____) _____ - _____

DATE OF BIRTH: ____/____/____ **SEX:** MALE FEMALE

ETHNIC BACKGROUND: ____ Native American ____ African American ____ Asian American ____
____ Hispanic ____ White/Caucasian ____ Other

Do you have any physical conditions or a handicap that requires special medical treatment, or other considerations?
 YES NO

If yes, please explain _____

NAME OF SCHOOL: _____

GRADE LEVEL: _____ **AGE:** _____

Jarvis Christian University
SUMMER PROGRAMS
EMERGENCY CONTACT AND LIABILITY RELEASE FORM

STUDENT'S NAME _____
(Please print)

EMERGENCY CONTACTS

Parent/Guardian's Name: _____

Telephone Number: _____

Name of Other Emergency Contact: _____

Telephone Number: _____

HEALTH INFORMATION

Please list any special health or dietary needs: _____

I certify that my child is covered by accident and health insurance with _____

Name of Policy Holder: _____

Policy number: _____

I agree, in the event of injury to or illness of my child while participating in the SUMMER ENRICHMENT PROGRAM, to take care of the expenses incurred for the required treatment.

LIABILITY RELEASE INFORMATION

Accordingly, I, on behalf of myself, my heirs, and estate, hereby release and hold harmless the State of Texas, Jarvis Christian University, its medical services, Summer Enrichment Program, and their employees of any acts or omissions arising out of the medical care deemed necessary for my child.

Signature of Parent/Guardian

Date

Jarvis Christian University
SUMMER PROGRAM
Meal Registration
Breakfast 8:00 a.m., Lunch at Noon M-F weekly

HAWKINS, TEXAS

Family Name: _____

of Children Participating: _____

Name(s) of Child/Children: _____

Age(s) of Child/Children: _____

Phone Number: _____

(Number where an adult can be reached in case of emergency)

Name of Other Emergency Contact: _____

Telephone Number: _____

HEALTH INFORMATION

Please list any special health, dietary needs or food allergies

LIABILITY RELEASE INFORMATION

Accordingly, I, on behalf of myself, my heirs, and estate, hereby release and hold harmless the State of Texas, Jarvis Christian University, its medical services, Summer Enrichment Program, and their employees of any acts or omissions arising out of the medical care deemed necessary for my child.

Signature of Parent/Guardian

Date

SUMMER ENRICHMENT PROGRAM AGES 5 - 14

PARENTAL RELEASE AND CONSENT FORM

Dear Parents,

This form must be completed if you will not be able to pick up your child, and will have a designated person to pick up your child at the end of the program daily session.

NOTE: If a parent or guardian will not be able to pick up their child, the parent or guardian must complete this form. If the parent has two or more children attending the program, please complete this form for all children enrolled.

Release and Consent Information:

I, _____, give permission for my child to be released from the Jarvis Christian University Summer Enrichment Program and picked up by one of the following person(s) below. Our staff will not release your child to anyone who is not listed below.

Child Name	Parent Name (Print)	Parent Signature	Date
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NOTE: Designated person will be required to display identification (Driver's License or State Issued I.D.) to program staff for child to be released.

Designated Person(s) to Release Child/Children

Name	Relation to Child	Telephone#	DL/I.D. #
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Name	Relation to Child	Telephone#	DL/I.D. #
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